3

RESERVATION OF McFALL MEMORIAL CHAPEL

						Date
Rate/Rank	Name (Last))	(First)		(MI)	SSN (Sponsor's SSN
Duty Station		Departn	nent			Phone #
Date and Time of Ever	nt		Purpose	for which	ch Chapel is to	be used
•				•		•
Date and Time of Rehe	earsal					
	ADDIMION					
	ADDITION	AL INFO	RMATION 1	VEEDE	D FOR WEDE	DINGS
					ing and the second seco	
Groom's Full Name					Bride's Full N	lame
				•		
Address (include City/:	State/Zip Cod	ie)			Address (incl	
	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	10)	And the second second		Address (mci	ude City/State/Zip Code)
Daytime Phone #					Daytime Phon	e#
			* * * * * * *	* * *		
Name of Officiating Cle	rgy		·	•	Address/Phone	e # of Officiating Clergy
Will the Chand and	-1-41	7.0				
. Will the Chapel orga	nist be used?	If not, gr	ve name, add	ress, and	I phone # of th	ne organist/pianist.
. Have floral arrangem	ents been ma	.de?	· · · · · · · · · · · · · · · · · · ·			
. Will you be dressing	for the wedd	ing at the	Chapel?		in the state of	
				'11-11-11		
			*****	* * *		
have read understan	d and will a		46 46 2 (47. 4			
have read, understan egulations and guidel	u anu wili c lines	ompiy wi	ın ıne <u>weac</u>	<u>iings in</u>	the McFall N	<u>Memorial Chapel</u>
			Sig	nature		
	Δ1	proved by	v			
	, A	sproved of		nmand (Chaplain	